

MAINE DEPARTMENT OF LABOR
UNEMPLOYMENT INSURANCE COMMISSION
40 Forest Falls Drive
Yarmouth, ME 04096-6905

Telephone: (207) 846-2000 † Fax: (207) 846-5216 † TTY (Hearing Impaired) 1-800-794-1110

--

REQUEST FOR COMMISSION HEARING ON STATE INCOME TAX REFUND SETOFF

Debtor's Name (Last) (First) (Middle Initial)	Date of Request	FOR COMMISSION USE ONLY
Mailing Address (No. Street, or RFD)	Social Security Number Claimant/Proprietor/Partner	
City State Zip Code	State Identification No.	
Telephone No.		
Appealed By: [] Claimant [] Proprietorship/Partnership [] Corporation	Call Center Name	

Provisions of 36 § 5276-A.2 require that the hearing be limited to the issues of whether the debt became liquidated and whether any post-liquidation events have effected the liability.

[] I request a hearing on the intended setoff of my State Income Tax Refund, all or part of which is to be credited to the overpayment established on my benefit account, including interest and penalties.

Reason for
Hearing: _____

[] I request a hearing on the intended setoff of State Income Tax Refund, all or part of which is to be credited to contributions, interest, or penalties due the Maine Department of Labor.

Reason for
Hearing: _____

Debtor's Signature	Title and Company Name, if Employer
--------------------	-------------------------------------

Received
on _____ By _____
Agency Representative

Law Section _____ 36 MRSA § 5276-A _____

_____ Original to Central Benefits